# AR1000ANR

## STATE OF ARKANSAS
## Amended Individual Income Tax Return •1999

*NONRESIDENTS AND PART-YEAR RESIDENTS AMENDING TAX YEAR 1999*
*OR FISCAL YEAR ENDING _____ 19 _____ ●*

| FOR OFFICE USE ONLY | ● File Date | ● Amount Paid | | ● Your Social Security Number |
|---|---|---|---|---|
| ● First Name and Initial: *(List both if applicable)* | | ● Last Name | | ● Spouse Social Security Number |
| ● Present Address: Number and Street, Apartment Number or Rural Route | | | | ● Prep. I.D. |
| ● City, Town or Post Office, State and Zip Code | | | Telephone Numbers Work: Home: | |

| Non-residents (List State of residence) | Part-Year Residents (List period of residency in Arkansas during tax year) From To |
|---|---|

**CHECK ONLY ONE BOX BELOW:**

1. ☐ SINGLE: *(Or widowed or divorced before the end of the tax year you are amending.)*

2. ☐ MARRIED FILING JOINT: *(Even if only one had income)*

3. ☐ HEAD OF HOUSEHOLD:
   If the qualifying person is your child but not your dependent, enter this child's name here: _____

4. ☐ MARRIED FILING SEPARATELY ON SAME RETURNS:

5. ☐ MARRIED FILING SEPARATELY ON DIFFERENT RETURNS:
   *(Enter spouse's full name here and SSN above).* _____

6. ☐ QUALIFYING WIDOW(ER): with dependent child. *Year spouse died:*
   19 _____ .

7A. ☐ YOURSELF ☐ 65 or OVER ☐ 65 SPECIAL ☐ BLIND ☐ DEAF ☐ HEAD OF HOUSEHOLD/
    ☐ SPOUSE ☐ 65 or OVER ☐ 65 SPECIAL ☐ BLIND ☐ DEAF    QUALIFYING WIDOW(ER)

7B. First name(s) of dependent(s):
    _____

| | | |
|---|---|---|
| **Multiply number of boxes checked from Line 7A** ........ ☐ x 20.00 = | | 00 |
| **Multiply number of dependent(s) from Line 7B** ......... ☐ x 20.00 = | | 00 |

7C. First name(s) of Developmentally Disabled Individual:
    _____

**Multiply number of Developmentally Disabled Individual from Line 7C ....** ☐ x 500.00 = _____ 00

7D. TOTAL PERSONAL CREDITS: *(Add Lines 7A through 7C. Enter total here and on Line 18)* ...................7D _____ 00

*Has your tax return been adjusted by the IRS?* ☐ Yes ☐ No *If Yes, attach reports.*

## INCOME

| | | PART 1: ORIGINAL | | | | PART 2: AMENDED | | |
|---|---|---|---|---|---|---|---|---|
| | | **A.** Your Total Income All Sources | **B.** Spouse Total Income All Sources | **C.** Arkansas Income Only | | **A.** Your Total Income All Sources | **B.** Spouse Total Income All Sources | **C.** Arkansas Income Only |
| 8. | Total Income: ........................ 8. | 00 | 00 | 00 | 8. | 00 | 00 | 00 |
| 9. | Adjustments to Income:............ 9. | 00 | 00 | | 9. | 00 | 00 | |
| 10. | Adjusted Gross Income: .......... 10. | 00 | 00 | 00 | 10. | 00 | 00 | 00 |
| 11. | Itemized/Standard Deductions: . 11. | 00 | 00 | | 11. | 00 | 00 | |
| 12. | Net Taxable Income: ................ 12. | 00 | 00 | | 12. | 00 | 00 | |

## TAX COMPUTATION

| | | | **A.** YOURS | | **B.** SPOUSE | |
|---|---|---|---|---|---|---|
| 13. | Select tax table: *(Enter tax from table).* ................................................................ | 13. | | 00 | | 00 |

☐ LOW INCOME    ☐ REGULAR
   Table 1          Table 2

| | | | |
|---|---|---|---|
| 14. | Tax: *(Enter total from Lines 13A and 13B).* ........................................................... | 14. | 00 |
| 15. | Enter tax from ten (10) year averaging schedule: *(Attach AR1000TD).* ........................ | 15. | 00 |
| 16. | IRA and qualified plan withdrawal and overpayment penalties: *(Attach Federal Form 5329 if required).* ......... | 16. | 00 |
| 17. | TOTAL TAX: *(Add Lines 14 through 16. Enter here).* ........................................... | 17. | 00 |

## TAX CREDITS:

| | | | |
|---|---|---|---|
| 18. | Personal tax credit(s): *(Enter total from Line 7D).* ................................................. | 18. | 00 |
| 19. | Working Taxpayer Credit: *(Attach Schedule AR1328).* ............................................. | 19. | 00 |
| 20. | State Political Contributions Credit: *(Attach Schedule).* ......................................... | 20. | 00 |
| 21. | Other State tax credit(s): *[Attach copy of the other State return(s)].* ............................ | 21. | 00 |
| 22. | Child care credit(s): *(Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed).* ..... | 22. | 00 |
| 23. | Credit for adoption expenses: *(Attach Federal Form 8839 , 20% of Federal credit. allowed).* ..... | 23. | 00 |
| 24. | Phenylketonuria Disorder Credit: *(See Instructions, Attach AR1113).* .......................... | 24. | 00 |
| 25. | Business and incentive tax credits: *(Attach Schedule and certificate).* ........................ | 25. | 00 |
| 26. | TOTAL CREDITS: (Add Lines 18 through 25). ................................................ | 26. | 00 |
| 27. | NET TAX: *(Subtract Line 26 from Line 17. Enter here).* ........................................ | 27. | 00 |

| | | | |
|---|---|---|---|
| 28. NET TAX: *(From LIne 27).* ......................................................................................................................... | 28. | | 00 |

| | | | | |
|---|---|---|---|---|
| 28A. Enter the amount from Line 10, Part 2, Column C: ................................................. | 28A. | | 00 | |
| 28B. Enter the total amount from Line 10, Part 2, Columns A and B: ................................. | 28B. | | 00 | |
| 28C. Divide Line 28A by 28B. Enter percentage: ............................................................................. | | 28C. | | % |
| 28D. APPORTIONED TAX LIABILITY: *(Multiply Line 28 by Line 28C).* ................................................. | | 28D. | | 00 |

## PAYMENTS

| | | | |
|---|---|---|---|
| 29. Arkansas Income Tax withheld: ................................................................................ | 29. | | 00 |
| 30. Estimated tax paid or credit brought forward from last year: ....................................... | 30. | | 00 |
| 31. Early childhood program: Certification No.: _____*(Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed and Certification Form AR1000EC).* ................................. | 31. | | 00 |
| 32. Amount Paid with Return: ........................................................................................ | 32. | | 00 |
| 33. Amount Paid after Return was filed: ......................................................................... | 33. | | 00 |
| 34. TOTAL PAID. *(Add Lines 29 through 33. Enter here).* ................................................. | 34. | | 00 |
| 35. Enter prior Overpayment/Refund/Estimate carried forward: ........................................... | 35. | | 00 |
| 36. TOTAL PAYMENTS: *(Subtract Line 35 from Line 34. Enter here).* ............................................. | 36. | | 00 |

## REFUND OR TAX DUE

| | | | |
|---|---|---|---|
| 37. AMOUNT TO BE REFUNDED TO YOU: *(If Line 36 is greater than LIne 28D, enter the difference here).*.................................................. | 37. | | 00 |
| 38 AMOUNT DUE: *(If Line 28D is greater than Line 36, enter the difference here).* ....................................................................... | 38. | | 00 |

## *PLEASE SIGN HERE*

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer *(other than taxpayer)* is based on all information of which preparer has any knowledge.

| Your Signature: | Occupation: | Date: |
|---|---|---|
| Spouse's Signature: | Occupation: | Date: |

| Paid Preparer's Signature: | ID Number / SSN: | |
|---|---|---|
| Name: | City/State/ZIP: | *Mail to:* **Arkansas State Income Tax Amended Tax Group** |
| Address: | Telephone: | P. O. Box 3628 Little Rock, Arkansas 72203-3628 |

Required: Explanation for filing Amended Return:

AR1000ANR (R 11/99)